

HOSPITAL AGREEMENT

Amendment 2003-03

This Agreement is made this _____ day of _____ 2003, by and between the San Mateo Health Commission, a public corporation, hereinafter referred to as "PLAN", and **San Mateo County d.b.a. San Mateo Medical Center**, hereinafter referred to as "HOSPITAL."

RECITALS

WHEREAS, PLAN and HOSPITAL have previously entered into an Agreement effective December 1, 1993;

WHEREAS, Article XIV.C of such Agreement provides for amending such Agreement;

WHEREAS, The San Mateo Health Commission has approved a budget for CFY 2004; and

WHEREAS, both parties wish to extend the term of the Agreement.

NOW, THEREFORE, PLAN and HOSPITAL hereby agree as follows:

Paragraph One - Article X, Term, Termination and Effect of Termination

Article X. (A) is amended to read:

- A. Term. The term of this Agreement shall commence on December 1, 1993 and shall terminate on December 31, 2004.

Paragraph Three - EXHIBIT 3, Full Capitation Allocations

Exhibit 3 is amended to read:

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FULLCAPITATION ALLOCATIONS

Effective 1 / 1 / 2004

FOR CASE-MANAGED MEMBERS:

Beneficiaries' Aid Category	Regular Hours PCP Cap	Extended Hours PCP Cap	Referral	Hospital Inpatient	Hospital Outpatient & Other Med	Pharmacy	Total Allocation	
							Regular PCP Cap	Extended PCP Cap
q c i b l i c ' A s s i s t a n c e :								
A s e d ;	10.35	11.33	12.60	22.11	15.75	19.10	79.90	80.88
Blind		9.49	17.53	75.79	88.50	198.83	389.32	390.14
Disabled	13.83	15.18	19.75	96.04	64.81	997.05	391.48	392.83
F a m i l y .	10.35	11.33	12.60	22.11	15.75	19.10	79.90	80.88
M&Neei & No. SOC:								
Aged	9.83	10.76	14.83	73.53	49.30	199.90	257.40	258.33
Blind	29.05	31.83	73.45	52.09	129.02	40.04	796.64	799.47
& & l e d	29.05	31.83	61.66	522.26	156.22	4 (39.61)	878.79	881.57
+mily	16.9	48.58	29.08	61.61	28.93	20.01	156.65	158.28
M child fjo SOC	13.35	14.63	21.73	69.04	40.19	26.82	162.4	163.42
Refugees	10.35	11.33	12.48	33.95	19.21	13.18	89.17	96.15
Percent of Poverty	11.11	14.43	11.20	39.9	11.11	13.60	79.67	81.09

FOR SPECIAL MEMBERS:

Beneficiaries' Aid Category	Regular Hours PCP Cap	Extended Hours PCP Cap	Referral	Hospital Inpatient	Hospital Outpatient & Other Med	Pharmacy	Total Allocation	
							Regular PCP Cap	Extended PCP Cap
Med Needy SOC:								
Aged	\$0.00	\$0.00	\$7.71	\$99.75	\$59.56	\$184.93	\$351.95	\$351.95
Blind	0.00	0.00	98.62	698.78	372.15	230.57	1,400.11	1,400.11
Disabled	0.00	0.00	75.12	523.23	182.13	383.54	1,164.02	1,164.02
Family	0.00	0.00	88.84	407.45	76.71	25.44	598.45	598.45
M Adult:								
SOC	0.00	0.00	255.44	1,890.98	169.82	166.20	2,482.43	2,482.43
No SOC & Pending	0.00	0.00	208.30	492.54	135.44	7.88	844.15	844.15
M Child SOC	0.00	0.00	62.67	524.37	250.70	8.68	846.42	846.42
MIA LTC	0.00	0.00	254.87	558.19	169.82	166.20	1,149.07	1,149.07
MN LT Non-Grant:								
Aged	0.00	0.00	4.19	25.49	35.04	139.17	203.88	203.88
Blind	0.00	0.00	70.21	417.05	130.18	260.19	877.63	877.63
Disabled	0.00	0.00	70.21	417.05	130.18	260.19	877.63	877.63
BCCTP	0.00	0.00	41.61	133.67	76.17	155.16	406.62	406.62

Paragraph Four - Effective Date

This amendment shall be effective January 1, 2004.

Paragraph Five - Incorporation of Agreement RiPhts, Duties and Obligations

All other terms and provisions of said Agreement shall remain in till force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

SAN MATEO HEALTH COIWMISSION

Date: - w - 1 - J a j 3

By: Michael W. Murray

Title: Executive Director

HOSPITAL

Name: San Mateo County
d.b.a. San Mateo Medical Center

Date: - _____

By: _____

Title: _____

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and

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Exhibit 3

FULLCAPITATIONALLOCATIONS

Effective 1 // /Z004

FOR CASE-MANAGED MEMBERS:

Beneficiaries' Aid Category	Regular Hours PCP Cap	Extended Hours PCP Cap	Referral	Hospital Inpatient	Hospital Outpatient & Other Med	Pharmacy	Total Allocation	
							Regular PCP Cap	Extended PCP Cap
Public Assistance:								
Aged	\$5.36	\$5.85	\$6.86	\$54.83	\$21.69	\$121.84	\$210.58	\$211.07
Blind	8.67	9.49	17.53	75.79	88.50	198.83	389.32	390.14
Disabled	13.83	15.18	19.75	96.04	64.81	197.05	391.48	392.83
Family	10.35	11.33	12.60	22.11	15.75	19.10	79.90	80.88
Med Needy No SOC:								
Aged	9.83	10.76	24.83	73.53	49.30	99.90	257.40	258.33
Blind	29.05	31.83	73.45	525.09	129.02	40.04	796.64	799.42
Disabled	29.05	31.83	61.66	522.26	156.22	109.61	878.79	881.57
Family	16.94	18.58	29.08	61.69	28.93	20.01	156.65	158.29
MI Child No SOC	13.35	14.63	21.73	60.04	40.19	26.82	162.14	163.42
Refugees	10.35	11.33	12.48	33.95	19.21	13.18	89.17	90.15
Percent of Poverty	13.11	14.43	11.20	30.09	11.67	13.60	79.67	80.99

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SAN MATEO HEALTH COMMISSION

Date: 1 - 1 - 03 By: m / & L d ~ ~ ~ \$
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Title: Executive Director

HOSPITAL

Name: San Mateo County.
d.b.a. San Mateo Medical Center

Date: _ - _____ By: _____
Title: _____